

A Burlington  
Environmental Inc  
Company

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DEPT. OF ECOLOGY

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EXPRESS MAIL

September 26, 1990

Barb Smith  
Washington Dept. of Ecology  
Northwest Regional Office  
4350 150th Avenue NE  
Redmond, WA 98052-5301

Dear Ms. Smith:

Please find enclosed, a copy of Chempro's Pier 91 facility's Part A, Forms 1 and 3 for Interim Status. These copies are to replace the Form 1 and 3 documents submitted by Susan Donahue, Compliance Manager, to the Redmond office on or about September 15, 1990.

As indicated in the September 15th cover letter, the Port of Seattle, owners of the property, had not yet signed the Part A. The documents being submitted today have been properly signed by Zeger J.J. van Asch van Wijck for the Port of Seattle and by W.E. Fisher for Chemical Processors, Inc.

Please contact Susan Donahue or myself at (206) 223-0500 if you have any questions regarding Pier 91's Part A.

Sincerely,

*Trudy A. Harding*

Trudy A. Harding  
Compliance Specialist

Enclosures

TAH:sb

cc: S.B. Donahue  
N.E. Mathews, Pier 91-Chempro

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OCT 02 1990  
WASTE MANAGEMENT BRANCH

USEPA RCRA  
3012913

CHEMICAL PROCESSORS, INC.

2203 Airport Way South . Suite 400 • Seattle, Washington 98134  
(206) 223-0500 • FAX: 223-7791

PART A

DANGEROUS WASTE PERMIT FORMS

(FORMS 1 and 3)

## WASHINGTON STATE DANGEROUS WASTE PERMIT GENERAL INFORMATION

### Permit Application Process

There are two parts to a Dangerous Waste Permit Application—Part A and Part B. Part A consists of Form 1 and Form 3. Part B requires detailed site-specific information such as geologic, hydrologic, and engineering data. WAC 173-303-800 specifies the information that will be required from dangerous waste management facilities in Part B.

### Operation During Interim Status

Part A of the permit application defines the processes to be used for treatment, storage, and disposal of dangerous wastes; the design capacity of such processes; and the specific dangerous wastes to be handled at a facility during the interim status period. Once Part A is submitted to the Department of Ecology, changes in the dangerous wastes handled, changes in design capacities, changes in processes, and changes in ownership or operational control at a facility during the interim status period may only be made in accordance with the procedures in WAC 173-303-820. Changes in quantity of waste handled at a facility during interim status can be made without submitting a revised Part A provided the quantity does not exceed the design capacities of the processes specified in Part A of the permit application. Failure to furnish all information required to process a permit application is grounds for termination of an interim status permit.

### Confidential Information

All information submitted in this form will be subject to public disclosure, to the extent provided by RCRA and the Freedom of Information Act, 5 U.S.C. Section 552, and EPA's Business Confidentiality Regulations, 40 CFR Part 2 (see especially 40 CFR 2.305), and will be subject to the State of Washington Public Records Act chapter 42.17 RCW and chapter 43.21A-160 RCW. Persons filing this form may make claims of confidentiality. Such claims must be clearly indicated by marking "confidential" on the specific information on the form for which confidential treatment is requested or on any attachments, and must be accompanied, at the time of filing, by a written substantiation of the claim, by answering the following questions:

### Confidential Information (continued)

A. Which portions of the information do you claim are entitled to confidential treatment?

B. For how long is confidential treatment desired for this information?

C. What measures have you taken to guard against undesired disclosure of the information to others?

D. To what extent has the information been disclosed to others, and what precautions have been taken in connection with that disclosure?

E. Has the Department of Ecology, EPA or any other Federal or State agency made a pertinent confidentiality determination? If so, what would those harmful effects be and why should they be viewed as substantial? Explain the causal relationship between disclosure and the harmful effects.

If no claim of confidentiality or no substantiation accompanies the information when it is submitted, EPA or the department may make the information available to the public without further notice to the submitter.

### Definitions

Terms used in these instructions and in this form are defined in the Definitions section of the Dangerous Waste Regulation, chapter 173-303 WAC.



# FORM 1—INSTRUCTIONS

Form must be completed by all applicants.

## Completing This Form

See type or print. If you print, place each character between the marks. Revise if necessary to stay within the number of characters allowed for each item. Use one space for breaks between words, but not for punctuation unless they are needed to clarify your response.

## Section I

Section I is provided at the upper right hand corner of Form 1 for insertion of your EPA/State identification number. If you have an existing facility, enter your identification number. If you don't have an EPA/State identification number, please contact the Department of Ecology (206) 459-8303 and one will be provided for you. If your facility is new (not yet constructed), leave this item blank.

## Section II

Enter the facility's official or legal name. Do not use a colloquial name.

## Section III

Enter the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility and with the facts reported in this application and who can be contacted if necessary.

## Section IV

Enter the complete mailing address of the office where correspondence should be sent. This often is not the address used to designate the location of the facility or activity.

## Section V

Enter the address or location of the facility identified in Section III of this form. If the facility lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number, county records or at intersection of Rts. 425 and 22).

## Section VI

In descending order of significance, the four 4-digit standard industrial classification (SIC) codes which best describe your facility in terms of the principal products or services you produce or provide. Also, specify each classification in words. These classifications may differ from the SIC codes defining the operation generating the dangerous wastes.

SIC code numbers are descriptions which may be found in the "Standard Industrial Classification Manual" prepared by the Executive Office of the President, Office of Management and Budget, which is available from the Government Printing Office, Washington, D.C. Use the current edition of the manual. If you have any questions concerning the appropriate SIC code for your facility, contact your Department of Ecology Regional office (see Table 1).

Table 1. Department of Ecology Regional Offices

Northwest Regional Office 350 - 150th NE Edmond, Washington 98052 Tel: 206-885-1900	Southwest Regional Office 7272 Clearwater Lane Olympia, Washington 98504 Tel: 206-753-2353
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Eastern Regional Office 103 Indiana Spokane, Washington 99207 Tel: 509-456-2928	Central Regional Office 3601 West Washington Yakima, Washington 98903 Tel: 509-575-2490
--	--

## Section VII-A

Enter the name, as it is legally referred to, of the person, firm, public organization or any other entity which operates the facility described in this application. The name may or may not be the same name as the facility. The operator of the facility is the legal entity which controls the facility's operation rather than the facility manager. Do not use a colloquial name.

## Section VII-B

Indicate whether the entity which operates the facility also owns it by marking appropriate box.

## Section VII-C

Enter the appropriate letter to indicate the legal status of the operator of the facility. Indicate "public" for a facility solely owned by local government(s) such as a city, town, county, parish, etc.

## Sections VII-D—H

Enter the telephone number and address of the operator identified in Item VII-A.

## Section VIII

Indicate whether the facility is located on Indian lands.

## Section IX

Provide a topographic map or maps of the area extending at least to one mile beyond the property boundaries of the facility which clearly show the following:

- The legal boundaries of the facility;
- The location and serial number of each of your existing and proposed intake and discharge structures;
- All hazardous waste management facilities;
- Each well where you inject fluids underground; and
- All springs and surface water bodies in the area, plus all drinking water wells within 1/2 mile of the facility which are identified in the public record or otherwise known to you.

If an intake or discharge structure, hazardous waste disposal site, or injection well associated with the facility is located more than one mile from the plant, include it on the map, if possible. If not, attach additional sheets describing the location of the structure, disposal site, or well, and identify the U.S. Geological Survey (or other) map corresponding to the location.

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude at the nearest whole second. On all maps of rivers, show the direction of the current, and in tidal waters, show the directions of the ebb and flow tides. Use a 7-1/2 minute series map published by the U.S. Geological Survey, which may be obtained through the U.S. Geological Survey Offices listed below. If a 7-1/2 minute series map has not been published for your facility site, then you may use a 15 minute series map from the U.S. Geological Survey. If neither a 7-1/2 nor 15 minute series map has been published for your facility site, use a plat map or other appropriate map, including all the requested information; in this case, briefly describe land uses in the map area (e.g., residential, commercial).

You may trace your map from a geological survey chart, or other map meeting the above specifications. If you do, your map should bear a note showing the number or title of the map or chart it was traced from. Include the names of nearby towns, water bodies, and prominent points.

## U.S.G.S. OFFICES

Western Mapping Center  
National Cartographic Information Center  
U.S.G.S.  
345 Middlefield Road  
Menlo Park, Ca. 94025  
Phone No. (415) 323-8111

## AREA SERVED

Ariz., Calif., Hawaii, Idaho,  
Nev., Oreg., Wash., American  
Samoa, Guam, and Trust  
Territories

## Section X

Briefly describe the nature of your business (e.g., products produced or services provided).

## Section XI

For a corporation, by a principal executive officer of at least the level of vice president.

For partnership or sole proprietorship, by a general partner or the proprietor, respectively; or

For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.

FORM

1

State of  
Washington  
Department  
of Ecology

WASHINGTON STATE

## DANGEROUS WASTE PERMIT GENERAL INFORMATION

(Read "Form 1 Instructions" before starting)

I. EPA/STATE I.D. NUMBER

W A D 0 0 0 0 8 1 2 9 1 7

## II. NAME OF FACILITY

CHEMICAL PROCESSORS INC

## III. FACILITY CONTACT

A. NAME &amp; TITLE (last, first, &amp; title)

STEFANI, DENNIS DIR. REGULATORY AFFAIRS

B. PHONE (area code &amp; no.)

206 223 0500

## IV. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

2203 AIRPORT WAY SOUTH #400

B. CITY OR TOWN

SEATTLE

C. STATE

WA

D. ZIP CODE

98134

## V. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

PIER 91

B. COUNTY NAME

KING

C. CITY OR TOWN

SEATTLE

D. STATE

WA

E. ZIP CODE

98119

F. COUNTY CODE  
(if known)

## IV. SIC CODES (4-digit, in order of priority)

A. FIRST

4953

(specify)

REFUSE SYSTEMS

B. SECOND

(specify)

C. THIRD

(specify)

D. FOURTH

(specify)

## VII. OPERATOR INFORMATION

A. NAME

CHEMICAL PROCESSORS INC.

B. Is the name listed in  
Item VII-A also the  
owner?☐ YES☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL  
S = STATE  
P = PRIVATEM = PUBLIC (other than federal or state)  
O = OTHER (specify)

(specify)

D. PHONE (area code &amp; no.)

206 223 0500

E. STREET OR P.O. BOX

2203 AIRPORT WAY SOUTH #400

F. CITY OR TOWN

SEATTLE

G. STATE

WA

H. ZIP CODE

98134

## VIII. INDIAN LAND

Is the facility located on Indian lands?

☐ YES☒ NO

COMPLETE BACK PAGE



IX. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

X. NATURE OF BUSINESS (provide a brief description)

Pier 91 is a waste oil reclamation facility. By utilizing tank treatment, reusable oil is reclaimed by separating out the impurities (water, solids). Hazardous and non-hazardous wastewater is treated for contaminants such as metals and phenolics.

The Pier 91 facility is also authorized to generate, store or market used fuel oil and hazardous waste fuel (dangerous waste fuel). Dangerous waste fuel is not currently blended or stored at the facility.

XI. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (Type or print)

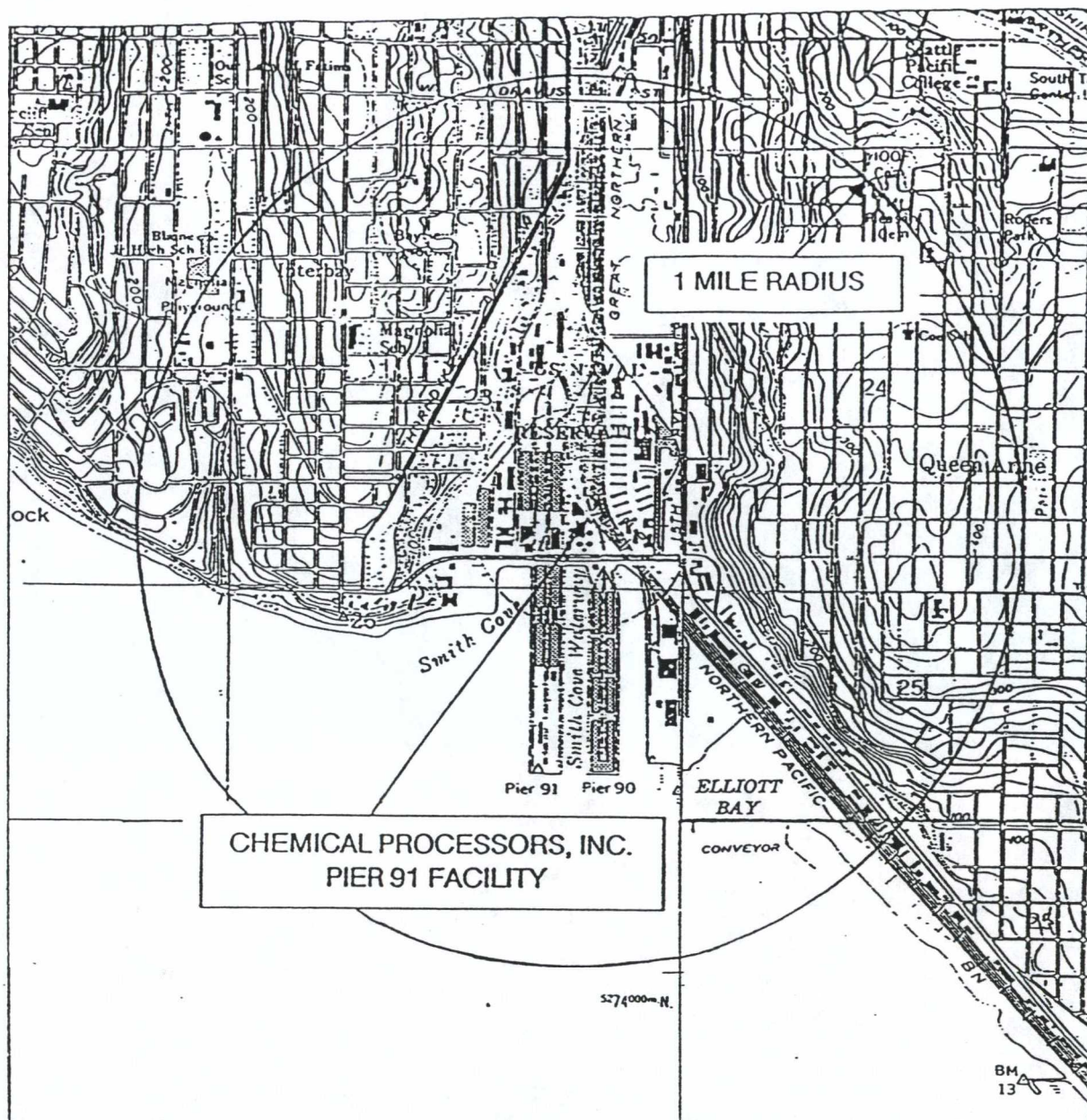
W. E. Fisher, President

B. SIGNATURE



C. DATE SIGNED

9/13/50



Photocopied from USGS Maps-  
Shilshole Bay Quadrangle,  
Seattle North Quadrangle and  
Seattle South Quadrangle  
Lat. 47°38'08"N Long. 122°22'50"W

Chemical Processors, Inc.  
Pier 91 Facility

Topographic Map

Section IX



## FORM 3—INSTRUCTIONS

### Completing This Form

Use type or print. If you print place each character between the characters. Abbreviate if necessary to stay within the number of characters allowed for each item. Use one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response.

**Section I**  
Existing dangerous waste management facilities should enter their U.S. Identification Number (if known). New facilities should leave this item blank.

**Section II**  
**FIRST APPLICATION.** If this is the first application that is being filed the facility place an "X" in either the Existing Facility box or the New Facility box.

#### 1. EXISTING FACILITY. Existing facilities are:

a. Those facilities which received hazardous waste for treatment, storage, and/or disposal on or before November 19, 1980; or

b. Those facilities for which construction had commenced on or before November 15, 1980. Construction had "commenced" only if:

(1) The owner or operator had obtained all necessary Federal, State, and local preconstruction approvals or permits; and

(2-a) A continuous physical, on-site construction program had begun (facility design or other preliminary non-physical and non-site specific preparatory activities do not constitute an on-site construction program), or

(2-b) The owner or operator had entered into contractual obligations (options to purchase or contracts for feasibility, engineering, and design studies do not constitute contractual obligations) which could not be cancelled or modified without substantial loss. Generally, a loss is deemed substantial if the amount an owner or operator must pay to cancel construction agreements or stop construction exceeds 10% of the total project cost.

**EXISTING FACILITY DATE.** If the Existing Facility box is marked, enter the date dangerous waste operations began (i.e., the date the facility began treating, storing, or disposing of hazardous waste) or the date construction commenced.

#### 2. NEW FACILITY. New facilities are all facilities for which construction commenced, or will commence, after November 19, 1980.

**NEW FACILITY DATE.** If the New Facility box is marked, enter the date that operation began or is expected to begin.

**REVISED APPLICATION.** If this is a subsequent application that is filed to amend data filed in a previous application, place an "X" in appropriate box to indicate whether the facility has interim status or permit.

1. **FACILITY HAS AN INTERIM STATUS PERMIT.** Place an "X" in this box if this is a revised application to make changes at a facility during the interim status period.

2. **FACILITY HAS A FINAL PERMIT.** Place an "X" in this box if this is a revised application to make changes at a facility for which a permit has been issued.

(NOTE: When submitting a revised application, applicants must resubmit in their entirety each item on the application for which changes are requested. In addition, Items I and IX (and Item X if applicable) must be completed. It is not necessary to resubmit information for other items that will not change).

### Section III

The information in Section III describes all the processes that will be used to treat, store, or dispose of dangerous waste at the facility. The design capacity of each process must be provided as part of the description. The design capacity of injection wells and landfills at existing facilities should be measured as the remaining, unused capacity. See the form for the detailed instructions to Section III.

### Section IV

The information in Section IV describes all the dangerous wastes that will be treated, stored, or disposed at the facility. In addition, the processes that will be used to treat, store, or dispose of each waste and the estimated annual quantity of each waste must be provided. See the form for the detailed instructions to Section IV.

### Section V

All existing facilities must include a drawing showing the general layout of the facility. This drawing should be approximately to scale and fit in the space provided on the form. This drawing should show the following:

The property boundaries of the facility;

The areas occupied by all storage, treatment, or disposal operations that will be used during interim status;

The name of each operation. (Example—multiple hearth incinerator, drum storage area, etc.);

Areas of past storage, treatment, or disposal operations;

Areas of future storage, treatment, or disposal operations; and

The approximate dimensions of the property boundaries and all storage, treatment, and disposal areas.

### Section VI

All existing facilities must include photographs that clearly delineate all existing structures; all existing areas for storing, treating, or disposing of hazardous waste; and all known sites of future storage, treatment, or disposal operations. Photographs may be color or black and white, ground-level or aerial. Indicate the date the photograph was taken on the back of each photograph.

### Section VII

Enter the latitude and longitude of the facility in degrees, minutes, and seconds. For larger facilities, enter the latitude and longitude at the approximate mid-point of the facility. You may use the map you provided for Section IX of Form 1 to determine latitude and longitude. Latitude and longitude information is also available from Regional Offices of the U.S. Department of Interior, Geological Survey and from State agencies such as the Department of Natural Resources.

### Section VIII

See the form for the instructions to Section VIII.

### Section IX and Section X

All facility owners must sign Section IX. If the facility will be operated by someone other than the owner, then the operator must sign Section X. Federal regulations require the certification to be signed as follows:

A. For a corporation, by a principal executive officer at least the level of vice president;

B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or

C. For a municipality, State, Federal; or other public facility, by either a principal executive officer or ranking elected official.



3

## DANGEROUS WASTE PERMIT APPLICATION

I. EPA STATE I.D. NUMBER

WA:0008129

## FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (mo. day & yr.)	COMMENTS

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If it is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section I above.

## A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

MO	DAY	YR

FOR EXISTING FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

MO	DAY	YR

FOR NEW FACILITIES, PROVIDE THE DATE (mo., day, & yr.) OPERATION BEGAN OR IS EXPECTED TO BEGIN

## B. REVISED APPLICATION (place an "X" below and complete Section I above)

☒ 1. FACILITY HAS AN INTERIM STATUS PERMIT

☐ 2. FACILITY HAS A FINAL PERMIT

## III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.

2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D80	GALLONS OR LITERS			
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D82	ACRES OR HECTARES			
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			
<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	O
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING SECTION III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY				
		1. AMOUNT (as capacity)	2. UNIT OF MEASURE (enter code)						
X-1	S02	200	G						
X-2	T01	400	L						
1	S02	9,036,090	G						
2	T01	40,000	L						
3									
4									

# PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESS (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

## DESCRIPTION OF DANGEROUS WASTES

- DANGEROUS WASTE NUMBER** — Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS .....	P	KILOGRAMS .....	K
TONS .....	T	METRIC TONS .....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## PROCESSES

### 1. PROCESS CODES:

For listed dangerous waste: For each listed dangerous waste entered in column A select the code(s) from the list of process codes contained in Section III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed dangerous wastes: For each characteristic or toxic contaminant entered in Column A, select the code(s) from the list of process codes contained in Section III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed dangerous waste that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

### 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: DANGEROUS WASTES DESCRIBED BY MORE THAN ONE DANGEROUS WASTE NUMBER** — Dangerous wastes that can be described by more than one Waste Number shall be described on the form as follows:

- Select one of the Dangerous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other Dangerous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other Dangerous Waste Number that can be used to describe the dangerous waste.

**EXAMPLE FOR COMPLETING SECTION IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 400 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
			1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1 K 0 5 4	900	P	T 0 3 D 8 0	
2 D 0 0 2	400	P	T 0 3 D 8 0	
3 D 0 0 1	100	P	T 0 3 D 8 0	
4 D 0 0 2			T 0 3 D 8 0	included with above



Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 25 wastes to list.

I.D. NUMBER (enter from page 1)												
W	A	D	0	0	0	8	1	2	9	1	7	
IV. DESCRIPTION OF DANGEROUS WASTES (continued)												
L I N E	A. DANGEROUS WASTE NO. (enter code)			B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES						
						1. PROCESS CODES (enter)			2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
	K	0	0	1	5000	T	S	0	2	T	0	1
2	K	0	4	8	2000							
3	K	0	4	9	2000							
4	K	0	5	0	500							
5	K	0	5	1	500							
6	K	0	5	2	500							
7	D	0	0	1	500							
8	D	0	0	2	500							
9	D	0	0	3	500							
10	D	0	0	4	500							
11	D	0	0	5	500							
12	D	0	0	6	500							
13	D	0	0	7	15,000							
14	D	0	0	8	500							
15	D	0	0	9	500							
16	D	0	1	0	500							
17	D	0	1	1	500							
18	D	0	1	8	15,000							
19	D	0	1	9	500							
20	D	0	2	1	500							
21	D	0	2	2	500							
22	D	0	2	3	500							
23	D	0	2	4	500							
24	D	0	2	5	500							
25	D	0	2	6	500							
26	D	0	2	7	500	↓	↓	↓				

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 25 wastes to list.

I.D. NUMBER (enter from page 1)											
W	A	D	0	0	0	8	1	2	9	1	7

## IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
	D 0 2 8	500	T	S 0 2	T 0 1
2	D 0 2 9	500			
3	D 0 3 0	500			
4	D 0 3 2	500			
5	D 0 3 3	500			
6	D 0 3 4	500			
7	D 0 3 5	500			
8	D 0 3 6	15,000			
9	D 0 3 7	5000			
10	D 0 3 8	500			
11	D 0 3 9	500			
12	D 0 4 0	500			
13	D 0 4 1	500			
14	D 0 4 2	500			
15	D 0 4 3	500			
16	F 0 0 1	500			
17	F 0 0 2	500			
18	F 0 0 3	500			
19	F 0 0 4	500			
20	F 0 0 5	500			
21	F 0 0 6	500			
22	F 0 3 9	3000			
23	W T 0 1	500			
24	W T 0 2	3500			
25	W P 0 1	500			
26	W P 0 2	3500	V	V	V



Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 25 wastes to list.

I.D. NUMBER (enter from page 1)											
W	A	D	Q	Q	Q	8	1	2	9	1	7

## IV. DESCRIPTION OF DANGEROUS WASTES (continued)

LINE NO.	A. DANGEROUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
	W P 0 3	500	T	S 0 2 T 0 1	
2	W C 0 1	500	↓	↓	
3	W C 0 2	500	↓	↓	
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

## IV. DESCRIPTION OF DANGEROUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM SECTION D(1) ON PAGE 3.

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

47 38 08 N

122 22 50 W

## VIII. FACILITY OWNER



A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

PORT OF SEATTLE

206 382 337

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

P.O. BOX 1209

SEATTLE

WA

98111

## IX. OWNER CERTIFICATION

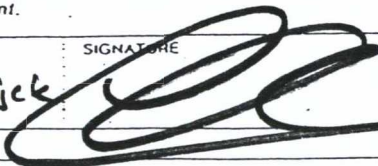
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SIGNATURE

DATE SIGNED

Zeger J. J. van Asch van Wijck



September 25, 1990

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME (print or type)

SIGNATURE

DATE SIGNED

W. E. Fisher

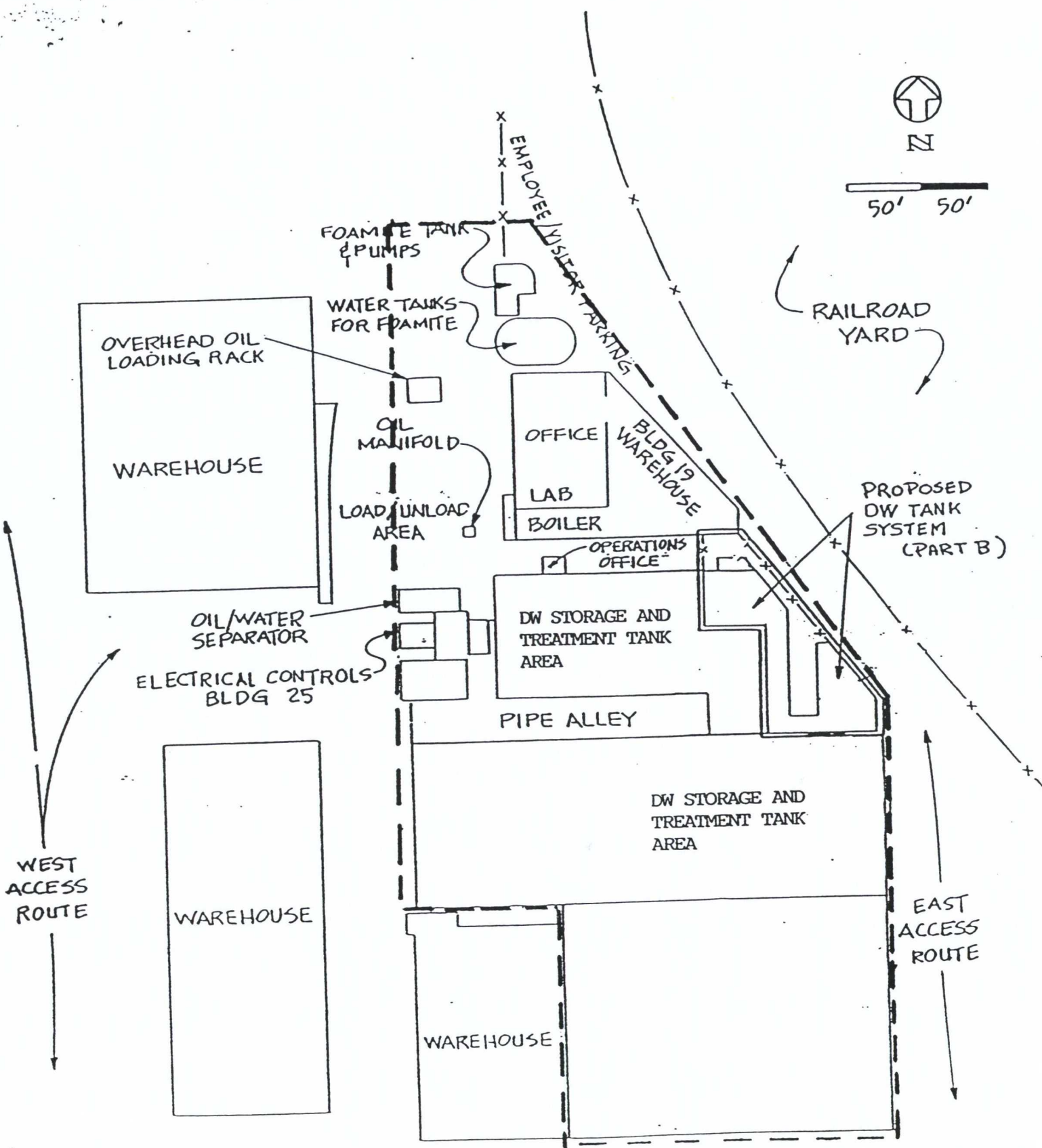


9/13/90





50' 50'

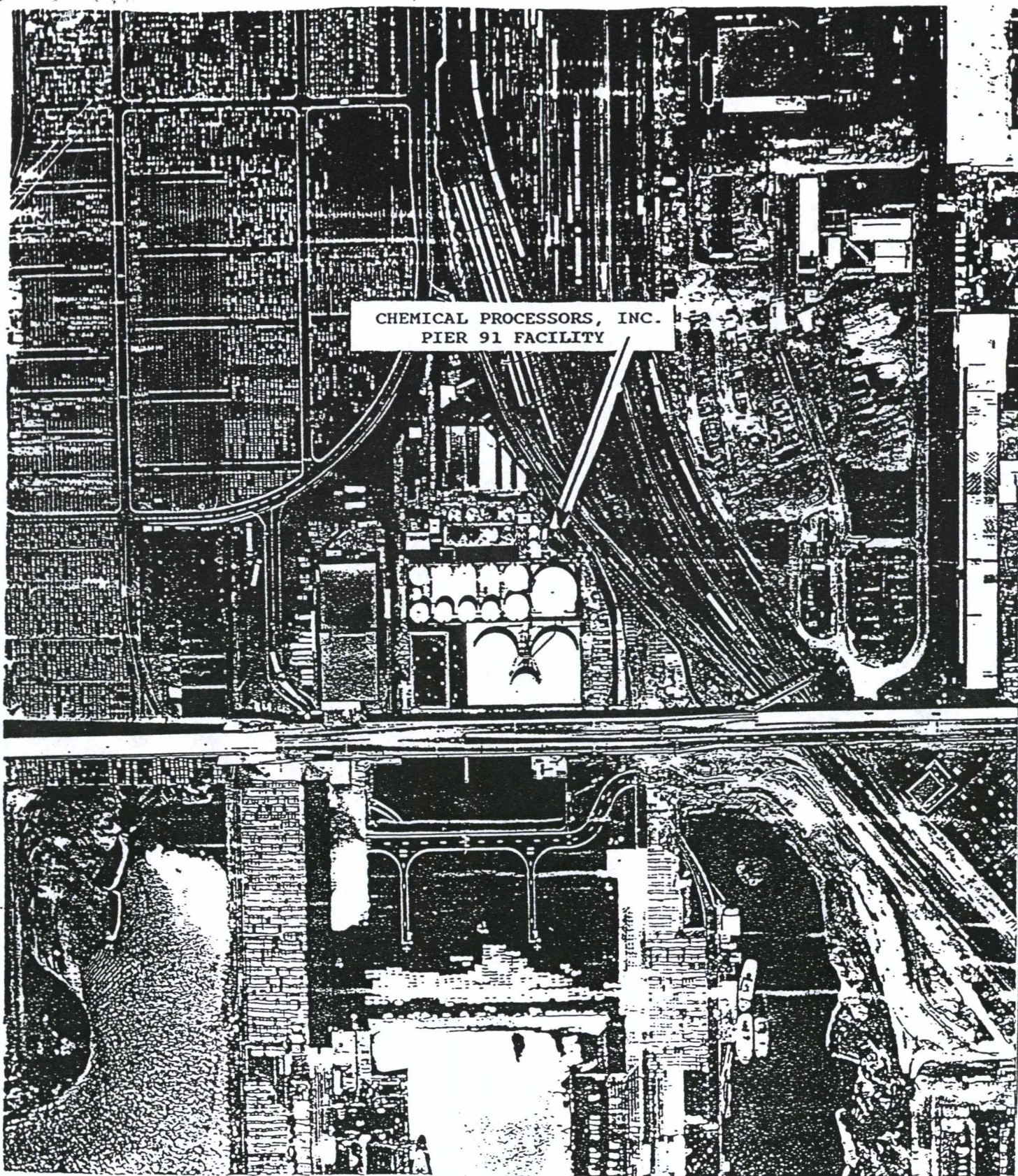


W. GARFIELD ST. VIADUCT

--- APPROXIMATE PROPERTY BOUNDARY

Chemical Processors, Inc. Pier 91 Facility
Pier 91 Facility Site Plan
Section V





CHEMICAL PROCESSORS, INC. PIER 91 FACILITY

AERIAL PHOTO DATED JUNE 1987

NORTH ↑

APPROX. SCALE 1" = 240'